



New Jersey Judiciary

Agency Registration Form for Inclusion in the Registry of Interpreting Resources

General Information

Name of Agency

Mailing Address

Tax ID Number

City

County

State

Zip Code + 4

Contact Information: ☐ Daytime () - ☐ Evening () -
☐ Cellular () - ☐ Fax () -
☐ Email _____

Authorized Representative

First Name

Middle Name(s)

Surname

Position/Title in Agency

This agency will deliver court interpreting services in accordance with the terms and conditions of its Service Agreement, the [Code of Professional Conduct for Interpreters, Transliterators and Translators](#), and all [Policies and Procedures Regarding Interpreting Services](#) that are promulgated by the Judiciary. I have read the description of the requisite [Knowledge, Skills, and Abilities](#) required of court interpreters and will send only those interpreters who I am certain can perform the sight, consecutive and simultaneous modes of interpretation in a manner consistent with Canon 2 of the Code of Professional Conduct.

I also understand that, except for my agency's address and tax identification number, my agency's information will be published in the [Registry of Interpreting Resources](#), which is a public document posted on the Internet. All of the information I have provided is current, accurate, and true.

Date

Signature

Mail your completed registration and additional required documents to:

**Language Services Section
Administrative Office of the Courts
PO Box 988
Trenton, NJ 08625-0988**